## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Foe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
57385	7590 06/22	/2009		Com	rificate of Mailing or Trans	emission	
TOWNSEND AND TOWNSEND AND CREW LLP TWO EMBARCADERO CENTER EIGHTHI FLOOR SAN FRANCISCO, CA 94111-3834				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE Fib: address above, or being facsimila transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				YOLANDE M.	GLASS	(Depositor's name)	
			<u> </u>	1100	ando zu Ill	(Signature)	
				109	15.2009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/660,813 09/12/2003		Hemant P. Mungekar	nant P. Mungekar A7600P1/T51700 7055				
TITLE OF INVENTION	REACTIVE ION ETC	HING FOR SEMICOND	UCTOR DEVICE FEATU	RE TOPOGRAPH	Y MODIFICATION		
APPLN, TYPE	SMALL ENTITY	ISSUE FFH DUE	PUBLICATION FRE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUF	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/22/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	j			
MCDONALD, RO	DDNEY GLENN	1795	204-192370				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55).  Change of correspondence address for Change of Correspondence Address form F10/S9/12.2 attached.  "Fee Address" indication (or "Fee Address" Indication form F10/S9/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is insteed, no name with be primed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE Uni	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assign assignment.	ce is identified below, the o	document has been filed for	
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
APPLIED MATERIALS, INC. SANTA CLARA, CALIFORNIA							
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent) :	Individual 🖾 Co	orporation or other private gr	roup entity Governmen	
4a. The following fee(s):	are submitted	4	b. Payment of Fee(s): (Plea	se first reapply at	ny previously paid issue fee	shown above)	
A Issue Fee			A check is enclosed.				
Publication Fee (N	Payment by credit car	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 – 1074 (enclose an extra copy of this form).					
Advance Order - #	of Copies		overpayment, to Depo	sit Account Number	50-1074 (enclose	an extra copy of this form).	
5. Change in Entity Stat	s SMALL ENTITY state	us. See 37 CFR 1.27.			LL ENTITY status. Sec 37 C		
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Authorized Signature	Styl	m	<u> </u>	Date _	US/2004	?	
Typed or printed name	Steven C. C		F200000000 400	Registration N			
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